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|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------|-------------------------|--------------------|--------------------------------|---------------------|---------------------------------|-----------------------------------|------------------------------------------|--|-----------------------|--|--|--|--|--|--|--|----------------|--|--|--|---------|--|--|--|----------------------------|--|--------------|--|--|--|-------------|--|--|--|--------------|--|--|--|-------------|--|--|--|-----------|--|--------------------|--|--|--|------------------|--|--|--|------------------|--|--|--|------------------|--|--|--|------------|--|--------------------|--|--|--|--|--|--|--|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|--|--|--|--|--|--|
| 16/07/96                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | 17/07/96                                                                                 | 18/07/96                                                                                                                                                                                                                                                                                | 19/07/96             | 20/07/96                | 21/07/96           | 22/07/96                       | 23/07/96            | 24/07/96                        | 25/07/96                          |                                          |  |                       |  |  |  |  |  |  |  |                |  |  |  |         |  |  |  |                            |  |              |  |  |  |             |  |  |  |              |  |  |  |             |  |  |  |           |  |                    |  |  |  |                  |  |  |  |                  |  |  |  |                  |  |  |  |            |  |                    |  |  |  |  |  |  |  |                                                                                                                                                                                                                                                                                         |  |  |  |  |  |  |  |
| Old                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | Class                                                                                    | Subclass                                                                                                                                                                                                                                                                                | ISSUE CLASSIFICATION |                         |                    |                                |                     |                                 |                                   |                                          |  |                       |  |  |  |  |  |  |  |                |  |  |  |         |  |  |  |                            |  |              |  |  |  |             |  |  |  |              |  |  |  |             |  |  |  |           |  |                    |  |  |  |                  |  |  |  |                  |  |  |  |                  |  |  |  |            |  |                    |  |  |  |  |  |  |  |                                                                                                                                                                                                                                                                                         |  |  |  |  |  |  |  |
| SEARCHED                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                                                                                          |                                                                                                                                                                                                                                                                                         |                      |                         |                    |                                |                     |                                 | INDEXED                           |                                          |  |                       |  |  |  |  |  |  |  |                |  |  |  |         |  |  |  |                            |  |              |  |  |  |             |  |  |  |              |  |  |  |             |  |  |  |           |  |                    |  |  |  |                  |  |  |  |                  |  |  |  |                  |  |  |  |            |  |                    |  |  |  |  |  |  |  |                                                                                                                                                                                                                                                                                         |  |  |  |  |  |  |  |
| UTILITY SERIAL NUMBER                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |                                                                                          | PATENT DATE                                                                                                                                                                                                                                                                             |                      |                         | PATENT NUMBER      |                                |                     |                                 |                                   |                                          |  |                       |  |  |  |  |  |  |  |                |  |  |  |         |  |  |  |                            |  |              |  |  |  |             |  |  |  |              |  |  |  |             |  |  |  |           |  |                    |  |  |  |                  |  |  |  |                  |  |  |  |                  |  |  |  |            |  |                    |  |  |  |  |  |  |  |                                                                                                                                                                                                                                                                                         |  |  |  |  |  |  |  |
| SERIAL NUMBER<br>08/932,704                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                                                                                          | FILING DATE<br>09/18/97                                                                                                                                                                                                                                                                 |                      | CLASS<br>455            | SUBCLASS<br>426    | GROUP ART UNIT<br>2744<br>2681 | EXAMINER<br>Conover |                                 |                                   |                                          |  |                       |  |  |  |  |  |  |  |                |  |  |  |         |  |  |  |                            |  |              |  |  |  |             |  |  |  |              |  |  |  |             |  |  |  |           |  |                    |  |  |  |                  |  |  |  |                  |  |  |  |                  |  |  |  |            |  |                    |  |  |  |  |  |  |  |                                                                                                                                                                                                                                                                                         |  |  |  |  |  |  |  |
| APPLICANTS<br>HANS-JOCHEN MORPER, ERDWEG, FED REP GERMANY.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                                                                                          |                                                                                                                                                                                                                                                                                         |                      |                         |                    |                                |                     |                                 |                                   |                                          |  |                       |  |  |  |  |  |  |  |                |  |  |  |         |  |  |  |                            |  |              |  |  |  |             |  |  |  |              |  |  |  |             |  |  |  |           |  |                    |  |  |  |                  |  |  |  |                  |  |  |  |                  |  |  |  |            |  |                    |  |  |  |  |  |  |  |                                                                                                                                                                                                                                                                                         |  |  |  |  |  |  |  |
| **CONTINUING DATA*****<br>VERIFIED<br><u>NONE CPE</u>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |                                                                                          |                                                                                                                                                                                                                                                                                         |                      |                         |                    |                                |                     |                                 |                                   |                                          |  |                       |  |  |  |  |  |  |  |                |  |  |  |         |  |  |  |                            |  |              |  |  |  |             |  |  |  |              |  |  |  |             |  |  |  |           |  |                    |  |  |  |                  |  |  |  |                  |  |  |  |                  |  |  |  |            |  |                    |  |  |  |  |  |  |  |                                                                                                                                                                                                                                                                                         |  |  |  |  |  |  |  |
| **FOREIGN/PCT APPLICATIONS*****<br>VERIFIED FED REP GERMANY 19639608.5 09/26/96<br><u>CR CC</u>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |                                                                                          |                                                                                                                                                                                                                                                                                         |                      |                         |                    |                                |                     |                                 |                                   |                                          |  |                       |  |  |  |  |  |  |  |                |  |  |  |         |  |  |  |                            |  |              |  |  |  |             |  |  |  |              |  |  |  |             |  |  |  |           |  |                    |  |  |  |                  |  |  |  |                  |  |  |  |                  |  |  |  |            |  |                    |  |  |  |  |  |  |  |                                                                                                                                                                                                                                                                                         |  |  |  |  |  |  |  |
| <b>CPA</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                                                                                          |                                                                                                                                                                                                                                                                                         |                      |                         |                    |                                |                     |                                 |                                   |                                          |  |                       |  |  |  |  |  |  |  |                |  |  |  |         |  |  |  |                            |  |              |  |  |  |             |  |  |  |              |  |  |  |             |  |  |  |           |  |                    |  |  |  |                  |  |  |  |                  |  |  |  |                  |  |  |  |            |  |                    |  |  |  |  |  |  |  |                                                                                                                                                                                                                                                                                         |  |  |  |  |  |  |  |
| Foreign priority claimed<br>35 USC 119 conditions met<br><input checked="" type="checkbox"/> yes <input type="checkbox"/> no<br><input type="checkbox"/> yes <input checked="" type="checkbox"/> no<br><u>CPE</u>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |                                                                                          | AS FILED                                                                                                                                                                                             |                      | STATE OR COUNTRY<br>DEX | SHEETS DRWGS.<br>1 | TOTAL CLAIMS<br>18             | INDEP. CLAIMS<br>3  | FILING FEE RECEIVED<br>\$770.00 | ATTORNEY'S DOCKET NO.<br>P97,1957 |                                          |  |                       |  |  |  |  |  |  |  |                |  |  |  |         |  |  |  |                            |  |              |  |  |  |             |  |  |  |              |  |  |  |             |  |  |  |           |  |                    |  |  |  |                  |  |  |  |                  |  |  |  |                  |  |  |  |            |  |                    |  |  |  |  |  |  |  |                                                                                                                                                                                                                                                                                         |  |  |  |  |  |  |  |
| ADDRESS<br><del>HILL STRADMAN &amp; SIMPSON</del><br><del>A PROFESSIONAL CORPORATION</del><br><del>55TH FLOOR SEARS TOWER</del><br><del>CHICAGO IL 60606</del>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | SCHIFF HARZIN & WHITE<br>PATENT DEPARTMENT<br>6600 SEARS TOWER<br>CHICAGO, IL 60606-6473 |                                                                                                                                                                                                                                                                                         |                      |                         |                    |                                |                     |                                 |                                   |                                          |  |                       |  |  |  |  |  |  |  |                |  |  |  |         |  |  |  |                            |  |              |  |  |  |             |  |  |  |              |  |  |  |             |  |  |  |           |  |                    |  |  |  |                  |  |  |  |                  |  |  |  |                  |  |  |  |            |  |                    |  |  |  |  |  |  |  |                                                                                                                                                                                                                                                                                         |  |  |  |  |  |  |  |
| TITLE<br>METHOD FOR CALL CONTROL OF COMMUNICATION TERMINAL EQUIPMENT<br>WIRELESSLY CONNECTED TO COMMUNICATION NETWORKS                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                                                                                          |                                                                                                                                                                                                                                                                                         |                      |                         |                    |                                |                     |                                 |                                   |                                          |  |                       |  |  |  |  |  |  |  |                |  |  |  |         |  |  |  |                            |  |              |  |  |  |             |  |  |  |              |  |  |  |             |  |  |  |           |  |                    |  |  |  |                  |  |  |  |                  |  |  |  |                  |  |  |  |            |  |                    |  |  |  |  |  |  |  |                                                                                                                                                                                                                                                                                         |  |  |  |  |  |  |  |
| U.S. DEPT. OF COMM/ PAT. & TM—PTO-436L (Rev.12-94)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |                                                                                          |                                                                                                                                                                                                                                                                                         |                      |                         |                    |                                |                     |                                 |                                   |                                          |  |                       |  |  |  |  |  |  |  |                |  |  |  |         |  |  |  |                            |  |              |  |  |  |             |  |  |  |              |  |  |  |             |  |  |  |           |  |                    |  |  |  |                  |  |  |  |                  |  |  |  |                  |  |  |  |            |  |                    |  |  |  |  |  |  |  |                                                                                                                                                                                                                                                                                         |  |  |  |  |  |  |  |
| <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td colspan="2" rowspan="2">PARTS OF APPLICATION<br/>FILED SEPARATELY</td> <td colspan="8">Applications Examiner</td> </tr> <tr> <td colspan="4">CLAIMS ALLOWED</td> <td colspan="4">DRAWING</td> </tr> <tr> <td colspan="2" rowspan="2">NOTICE OF ALLOWANCE MAILED</td> <td colspan="4">Total Claims</td> <td colspan="4">Print Claim</td> </tr> <tr> <td colspan="4">Sheets Drwg.</td> <td colspan="4">Figs. Drwg.</td> </tr> <tr> <td colspan="2" rowspan="2">ISSUE FEE</td> <td colspan="4">Assistant Examiner</td> <td colspan="4">Primary Examiner</td> </tr> <tr> <td colspan="4">Primary Examiner</td> <td colspan="4">Primary Examiner</td> </tr> <tr> <td colspan="2" rowspan="2">Label Area</td> <td colspan="8">PREPARED FOR ISSUE</td> </tr> <tr> <td colspan="8">WARNING: The information disclosed herein may be restricted. Unauthorized disclosure may be prohibited by the United States Code Title 35, Sections 122, 181 and 368. Possession outside the U.S. Patent &amp; Trademark Office is restricted to authorized employees and contractors only.</td> </tr> </table> |                                                                                          |                                                                                                                                                                                                                                                                                         |                      |                         |                    |                                |                     |                                 |                                   | PARTS OF APPLICATION<br>FILED SEPARATELY |  | Applications Examiner |  |  |  |  |  |  |  | CLAIMS ALLOWED |  |  |  | DRAWING |  |  |  | NOTICE OF ALLOWANCE MAILED |  | Total Claims |  |  |  | Print Claim |  |  |  | Sheets Drwg. |  |  |  | Figs. Drwg. |  |  |  | ISSUE FEE |  | Assistant Examiner |  |  |  | Primary Examiner |  |  |  | Primary Examiner |  |  |  | Primary Examiner |  |  |  | Label Area |  | PREPARED FOR ISSUE |  |  |  |  |  |  |  | WARNING: The information disclosed herein may be restricted. Unauthorized disclosure may be prohibited by the United States Code Title 35, Sections 122, 181 and 368. Possession outside the U.S. Patent & Trademark Office is restricted to authorized employees and contractors only. |  |  |  |  |  |  |  |
| PARTS OF APPLICATION<br>FILED SEPARATELY                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                                                                                          | Applications Examiner                                                                                                                                                                                                                                                                   |                      |                         |                    |                                |                     |                                 |                                   |                                          |  |                       |  |  |  |  |  |  |  |                |  |  |  |         |  |  |  |                            |  |              |  |  |  |             |  |  |  |              |  |  |  |             |  |  |  |           |  |                    |  |  |  |                  |  |  |  |                  |  |  |  |                  |  |  |  |            |  |                    |  |  |  |  |  |  |  |                                                                                                                                                                                                                                                                                         |  |  |  |  |  |  |  |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |                                                                                          | CLAIMS ALLOWED                                                                                                                                                                                                                                                                          |                      |                         |                    | DRAWING                        |                     |                                 |                                   |                                          |  |                       |  |  |  |  |  |  |  |                |  |  |  |         |  |  |  |                            |  |              |  |  |  |             |  |  |  |              |  |  |  |             |  |  |  |           |  |                    |  |  |  |                  |  |  |  |                  |  |  |  |                  |  |  |  |            |  |                    |  |  |  |  |  |  |  |                                                                                                                                                                                                                                                                                         |  |  |  |  |  |  |  |
| NOTICE OF ALLOWANCE MAILED                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                                                                                          | Total Claims                                                                                                                                                                                                                                                                            |                      |                         |                    | Print Claim                    |                     |                                 |                                   |                                          |  |                       |  |  |  |  |  |  |  |                |  |  |  |         |  |  |  |                            |  |              |  |  |  |             |  |  |  |              |  |  |  |             |  |  |  |           |  |                    |  |  |  |                  |  |  |  |                  |  |  |  |                  |  |  |  |            |  |                    |  |  |  |  |  |  |  |                                                                                                                                                                                                                                                                                         |  |  |  |  |  |  |  |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |                                                                                          | Sheets Drwg.                                                                                                                                                                                                                                                                            |                      |                         |                    | Figs. Drwg.                    |                     |                                 |                                   |                                          |  |                       |  |  |  |  |  |  |  |                |  |  |  |         |  |  |  |                            |  |              |  |  |  |             |  |  |  |              |  |  |  |             |  |  |  |           |  |                    |  |  |  |                  |  |  |  |                  |  |  |  |                  |  |  |  |            |  |                    |  |  |  |  |  |  |  |                                                                                                                                                                                                                                                                                         |  |  |  |  |  |  |  |
| ISSUE FEE                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                                                                                          | Assistant Examiner                                                                                                                                                                                                                                                                      |                      |                         |                    | Primary Examiner               |                     |                                 |                                   |                                          |  |                       |  |  |  |  |  |  |  |                |  |  |  |         |  |  |  |                            |  |              |  |  |  |             |  |  |  |              |  |  |  |             |  |  |  |           |  |                    |  |  |  |                  |  |  |  |                  |  |  |  |                  |  |  |  |            |  |                    |  |  |  |  |  |  |  |                                                                                                                                                                                                                                                                                         |  |  |  |  |  |  |  |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |                                                                                          | Primary Examiner                                                                                                                                                                                                                                                                        |                      |                         |                    | Primary Examiner               |                     |                                 |                                   |                                          |  |                       |  |  |  |  |  |  |  |                |  |  |  |         |  |  |  |                            |  |              |  |  |  |             |  |  |  |              |  |  |  |             |  |  |  |           |  |                    |  |  |  |                  |  |  |  |                  |  |  |  |                  |  |  |  |            |  |                    |  |  |  |  |  |  |  |                                                                                                                                                                                                                                                                                         |  |  |  |  |  |  |  |
| Label Area                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                                                                                          | PREPARED FOR ISSUE                                                                                                                                                                                                                                                                      |                      |                         |                    |                                |                     |                                 |                                   |                                          |  |                       |  |  |  |  |  |  |  |                |  |  |  |         |  |  |  |                            |  |              |  |  |  |             |  |  |  |              |  |  |  |             |  |  |  |           |  |                    |  |  |  |                  |  |  |  |                  |  |  |  |                  |  |  |  |            |  |                    |  |  |  |  |  |  |  |                                                                                                                                                                                                                                                                                         |  |  |  |  |  |  |  |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |                                                                                          | WARNING: The information disclosed herein may be restricted. Unauthorized disclosure may be prohibited by the United States Code Title 35, Sections 122, 181 and 368. Possession outside the U.S. Patent & Trademark Office is restricted to authorized employees and contractors only. |                      |                         |                    |                                |                     |                                 |                                   |                                          |  |                       |  |  |  |  |  |  |  |                |  |  |  |         |  |  |  |                            |  |              |  |  |  |             |  |  |  |              |  |  |  |             |  |  |  |           |  |                    |  |  |  |                  |  |  |  |                  |  |  |  |                  |  |  |  |            |  |                    |  |  |  |  |  |  |  |                                                                                                                                                                                                                                                                                         |  |  |  |  |  |  |  |
| Form PTO-436A<br>12-94<br>SCAN 6CK CL<br>QC                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                                                                                          |                                                                                                                                                                                                                                                                                         |                      |                         |                    |                                |                     |                                 |                                   |                                          |  |                       |  |  |  |  |  |  |  |                |  |  |  |         |  |  |  |                            |  |              |  |  |  |             |  |  |  |              |  |  |  |             |  |  |  |           |  |                    |  |  |  |                  |  |  |  |                  |  |  |  |                  |  |  |  |            |  |                    |  |  |  |  |  |  |  |                                                                                                                                                                                                                                                                                         |  |  |  |  |  |  |  |